JULY 30, 2014

SMG FOOD & BEVERAGE LLC DBA PINNACLE BANK ARENA 400 PINNACLE BANK DR LINCOLN NE 68508

NOTICE OF HEARING ON LIQUOR APPLICATION

APPLICANT OR DESIGNATED REPRESENTATIVE IS REQUIRED TO ATTEND THIS HEARING.

Notice is hereby given that the City Council of the City of Lincoln, Nebraska, will hold a hearing in the Council Chambers in the County-City Building of said City, 555 S. 10th St., on MONDAY, AUGUST 18, 2014 AT 3:00 P.M., for the following application of:

SMG FOOD & BEVERAGE LLC DBA PINNACLE BANK ARENA FOR OUTDOOR SDLS AT 400 PINNACLE ARENA DR ON AUG. 29TH, SEPT. 5TH, SEPT. 19TH & 20TH, SEPT. 26TH, OCT. 24TH & OCT. 31ST ALL FROM 1P - 12A

*Please note: Even if you have had this event in the past, you are still required to attend this meeting.

At said time and place, the City Council will receive competent evidence under oath, either orally or by affidavit, from any person bearing upon the propriety of the issuance of said license as provided by law. Council requires that the applicant or designated representative attend the meeting to answer any possible questions.

SANDY L. DUBAS DEPUTY CITY CLERK

APPLICATION FOR SPECIAL **DESIGNATED LICENSE**

Aug. 29, 2014	254
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555 S 10 LINCOL	F LINCOLN CITY CLERK'S C O TH ST N NE 68508 : (402) 441-7438	FFICE				
RETA	IL LICENSE HOLDEI	The state of the s	NEED POSTERS?	Υ	ES N	101
	PROFIT APPLICANT Non Profit Status (cl	neck one that best applies): Fine Arts Fraternal		able [Public Servi	ce 🗌
COMP	LETE ALL QUESTIC	ONS				
1.	Beer ✓ Wine ✓ Dis	tilled Spirits 🗹				
2.	Liquor license numb (If you're a nonprofit	er and class (i.e. C55441, C organization leave blank)	CK55441)	045	580	
3.	Licensee name (last your liquor license)	, first,), corporate name or l	imited liability company	(LLC	C) name (As it	reads on
	NAME:	SMG FOOD & BEVER	RAGE LLC			
	ADDRESS:	300 CONSHOHOCKE	N STATE ROAD,	SUI	TE 450	
	CITY:	WEST CONSHOHOCK	KEN, PA	ZIP:	19428	
4.	r	t will be held; name, addres		e		
	BUILDING NAME:		RENA			
		400 PINNACLE ARENA DR			LINCOLN	
	ZIP:	68508	COUNTY & COUNT	Y #:	LANCASTE	R
	a. Is this location	within the city/village limits?			YES	NO
	b. Is this location of for aged/indiger	within the 150' of church, so nt or for veterans and/or wiv	chool, hospital or home ves?		YES	NO.
	c. Is this location	within 300' of any university	or college campus		YES	NOV

Description of area to be licensed Inside building, dimensions of area to be covered IN FEET	Hours Hours Hours Hours Hours From From From From From From From From	Date(S) a	ind Time(s) of ev	vent (no more than	SIX (6) consecutiv	e days on one app	lication)
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	Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be
	State Patrol or any other individual releasing said information to the Liquor Control Commission or the
	an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebra
	statements made on this application are true to the best of my knowledge and belief. I also consent
	Consent of Authorized Representative/Applicant I declare that I am the authorized representative of the above named license applicant and that the
	Email address: tlorenz@smglincoln.com
	Event Supervisor phone: Before 402-904-4444 During 402-416-5227
	Signature of Event Supervisor:
	Print name of Event Supervisor: Thomas E. Lorenz
	laws, ordinances, rules and regulations are adhered to. PLEASE PRINT LEGIBLY
	the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applica
	Name and telephone number/cell phone number of immediate supervisor. This person will be a
	event, complete NLCC form 140): 53/168/169
	Any other information or requests for exemptions (must be received by Commission 30 days prior
	forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raisin funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.
	NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All of
2.	Will there be any games of chance operating during the event? YES NO ✓ If so, describe activity:
	(includes wineries)
2.	Non-Profit: Where will you be purchasing your alcohol? Wholesaler Retailer Both BYO (includes wineries) Will there be any games of chance operating during the event? YES NOV

individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

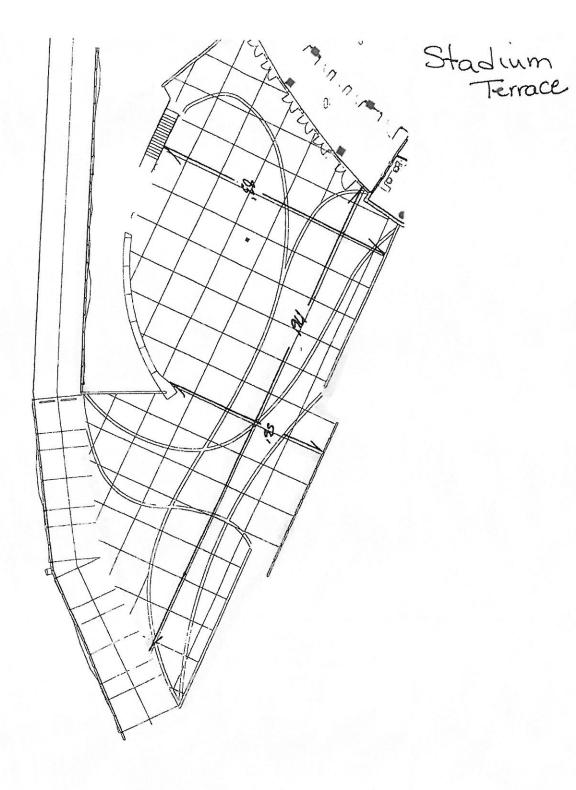
SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event: Nebraska Football Tailgate Pa	arty			· · · · · · · · · · · · · · · · · · ·
Applicant and Sponsoring Organization or Individua	al (if applicat	ole): Pinnad	le Bank Aren	a
Date(s) of Event:	Hours:	1:00 pm to	12:am	
Alternate Date(s): N/A	Hours:			
Is the event open to the public?	□No			
How will you ensure that minors will not be served or	consume be	verages cont	aining alcohol:	Trained Pinnacle Bank
Arena employees will check ID's and wristband				
Will non-alcoholic beverages be served: ✓ Yell fyes, please list non-alcoholic beverages to be serve	es \square	No ducts and bottle wate	e served: Popcom	
Who will serve the beverages containing alcohol? Tre Must complete Server/Seller Applicant Infor Have the designated servers received responsible bev	rmation She	et.	√Yes	□No
Will there be a charge for admission?	s 🗸	No		
In the last 12 months, have you received notice of a liq you were the special designated licensee? Yes	uor law viola	ation that occi	urred during an explain:	event at which
Applicant's Signature		7/28/20 ⁻ Date	14	

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.
 Number of Entry & Exit Points & Dimensions: (
 Location & type of cooking equipment (if used) Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing. Height & type of fencing to be used.
Note: Two (2) exit points must be indicated on your drawing. These exits <u>cannot</u> lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.
Please see attached map



SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the NAME and DATE OF BIRTH of ALL Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
City Clerk's office has a list of employees	on file		
		MW	

CITY O 555 S LINCO	LICATION FOR SPECIA IGNATED LICENSE OF LINCOLN CITY CLERK'S 10 [™] ST DLN NE 68508 E: (402) 441-7438		Sept-3	5,2	2014 2
RETA	AIL LICENSE HOLDE		NEED POSTERS?	١	YES NOV
NON	PROFIT APPLICANT Non Profit Status (c Municipal Political	heck one that best applies) al Fine Arts Fraternal	: Religious Charita	able[Public Service
COM	PLETE ALL QUESTION	ONS			
1.	Beer ✓ Wine ✓ Dis	stilled Spirits 🗸			
2.	Liquor license numb (If you're a nonprofit	er and class (i.e. C55441, (organization leave blank)	CK1	04	580
3.	Licensee name (last your liquor license)	, first,), corporate name or l	limited liability company	/ (LLC	C) name (As it reads on
	NAME:	SMG FOOD & BEVE	RAGE LLC	-	
	ADDRESS:	300 CONSHOHOCKE	EN STATE ROAD,	SUI	TE 450
	CITY:	WEST CONSHOHOCK	/=\\ = /	ZIP:	19428
4.	Location where even	t will be held; name, addres	ss, city, county, zip code	е	
	BUILDING NAME:	PINNACLE BANK A	RENA		-
	ADDRESS:	400 PINNACLE ARENA DR	CI	TY:	LINCOLN
	ZIP:	68508	COUNTY & COUNTY	/#:	LANCASTER

Is this location within the city/village limits?

c.

Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives?

Is this location within 300' of any university or college campus

NO

NO[

NOV

YES.✓

YES

YES [

Sept 5	2014	Date	Date	Date	Date	Date
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	7	aro daro.	****			
b.	Altern	ate location:	N/A			
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If oute other:	door area	, how will prem snow for all the second seco	nises be enclosed ence characters at event?	d? ain link	ample sketch) cattle panel	tent
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If oute other:	door area	, how will prem snow for all the second seco	nises be enclosed ence characters at event?	d? ain link	ample sketch) cattle panel	tent

11.	Non-Profit: Where will you be purchasing your ald Wholesaler Both	cohol?	
12.	, games an arrange operating dull	ng the event? YES NO✓	
	If so, describe activity:		
	NOTE: Only games of chance approved by the Department of forms of gambling are prohibited by State Law: There are no funds for a charity. This is only an application for a Special D gambling permit application.	eventions for Non Profit Organizations	
13.	Any other information or requests for exemptions event, complete NLCC form 140): 53/168/169	(must be received by Commission 3	0 days prior to
14.	Name and telephone number/cell phone number the location of the event when it occurs, able to an enforcement before and during the event, and who laws, ordinances, rules and regulations are adhered	swer any questions from Commission will be responsible for ensuring that	n and/or love
	Print name of Event Supervisor: Thomas E. Lorenz		
	Signature of Event Supervisor:	Forms	
	Event Supervisor phone: Before 402-904-4444	During 402-416-5227	
	Email address: Llorenz@smglincoin.com		
15.	Consent of Authorized Representative/Applicant I declare that I am the authorized representative of statements made on this application are true to the an investigation of my background including all rect to waive any rights or causes of action against the State Patrol or any other individual releasing said in Nebraska State Patrol. I further declare that the lice person, group, organization or corporation for profit supervised by persons directly responsible to the horizontal states.	best of my knowledge and belief. I a ords of every kind including police re- Nebraska Liquor Control Commission offormation to the Liquor Control Com- ense applied for will not be used by a or not for profit and that the event we	ulso consent to cords. I agree n, the Nebraska mission or the ny other
sign here		porel Message	
Here	Authorized Representative/Applicant Tit	neral Manager Lie	7/28/2014 Date
	Thomas E. Lorenz		-410
	Print Name		
his ind	ndividual must be listed on the application as an officer or st	ockholder unless a letter has been filed :	annointing an

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

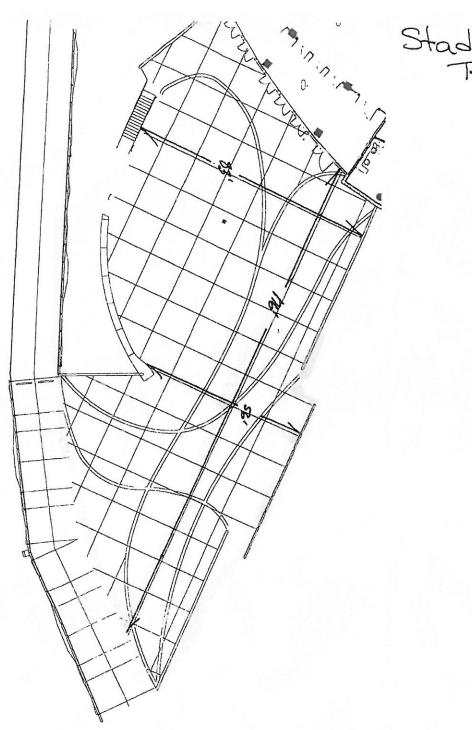
SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event: Nebraska Football T	ailgate Party
Applicant and Sponsoring Organization	
Date(s) of Event:	Hours: 1:00 pm to 12:am
Alternate Date(s): N/A	Hours:
	Yes No served or consume beverages containing alcohol: Trained Pinnacle Bank
Arena employees will check ID's and wristband	Trained Pinnacie Bank
Will food be served? ✓ Yes Will non-alcoholic beverages be served: If yes, please list non-alcoholic beverages t	No If yes, please list food to be served: Popcom, Pretzels, Nachos Yes No to be served: Pepsi products and bottle water
Who will serve the beverages containing alo Must complete Server/Seller Appli	COhol? Trained Pinnacle Bank employees icant Information Sheet.
Have the designated servers received respo	onsible beverage server training?
Will there be a charge for admission?	☐ Yes ☑ No
In the last 12 months, have you received not you were the special designated licensee?	ice of a liquor law violation that occurred during an event at which Yes No If so, explain:
1	
Applicant's Signature	7/28/2014 Date
• •	Dale

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary. 1. Number of Entry & Exit Points & Dimensions: (
Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.
Please see attached map



Stadium Ferrace

SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the NAME and DATE OF BIRTH of ALL Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
City Clerk's office has a list of employees	on file		

DESIC CITY OF 555 S 1 LINCOL	ICATION FOR SPECIA GNATED LICENSE F LINCOLN CITY CLERK'S (0 TH ST .N NE 68508 : (402) 441-7438		Sept. 194	20,2010	1
	IL LICENSE HOLDE	R 🗌	NEED POSTERS?	YES I	10 ▼
	Non Profit Status (c	heck one that best applies)	: ReligiousCharitable	Public Servi	се
COMP	LETE ALL QUESTIC	ONS			
1.	Beer√Wine √ Dis	tilled Spirits 🗸			
2.		er and class (i.e. C55441, (organization leave blank)	CK104	580	
3.	Licensee name (last your liquor license)	, first,), corporate name or	limited liability company (LL	C) name (As it	reads on
	NAME:	SMG FOOD & BEVE	RAGE LLC		
	ADDRESS:	300 CONSHOHOCKE	EN STATE ROAD, SU	ITE 450	
	CITY:	WEST CONSHOHOCK	KEN, PA ZIP:	19428	
4.		t will be held; name, addres			
	BUILDING NAME:	PINNACLE BANK A	RENA	T	
	ADDRESS:		CITY:	LINCOLN	
ا	ZIP:	68508	COUNTY & COUNTY #:	LANCASTE	R
	a. Is this location v	vithin the city/village limits?		YES√	NO.
	b. Is this location v for aged/indiger	vithin the 150' of church, so it or for veterans and/or wiv	chool, hospital or home ves?	YES	NO✓
	c. Is this location v	vithin 300' of any university	or college campus	YES	NO

at S,	ot 19,2014	Date Sept 202	Date	six (6) consecutiv	Date	Date
-24_	· ()	HoursSatur		-		_
lou	urs friday	From	Hours	Hours	Hours	Hours
ror		lom	From	From	From	From
РМ		То				10,111
0		12 Am	То	То	То	То
2AN	М			_		
	a. Alte	rnate date:	N/A			
	b. Alte	rnate location:	N/A			
				specified in local	opproved)	
	Indicate typ Dance Other:	Reception TAILGATE	e carried on durin Fund Raiser		er Garden]Sampling/Tastir
	Description	of area to be lice	oncod			
	Inside buildi	ing dimensions	ensed of area to be cove	orod IN EEET		
			Ul alca III DE GUVI			
	moleo bana	ing, dimensions			X X	
	moleco bandi	ing, uniterisions			square feet or acre	es)
				(not	square feet or acre	
	*Outdoor ar	ea dimensions o	f area to be cove	(not s	square feet or acre	
	*Outdoor ar	ea dimensions o	f area to be cove	(not	square feet or acre	
	*Outdoor ar	ea dimensions o	f area to be cove	(not s	square feet or acre	
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	*Outdoor ar	ea dimensions o	f area to be cove	(not s	square feet or acre	
	*Outdoor ar	ea dimensions o	f area to be cove	(not s	square feet or acre	
	*Outdoor ar *SKETCH C	ea dimensions o DF OUTDOOR A	of area to be cove IREA (or attach o	(not street IN FEET	square feet or acre	
	*Outdoor ar *SKETCH C	ea dimensions o OF OUTDOOR A ea, how will pren	of area to be cove IREA (or attach of mises be enclosed	(not street IN FEET(sopy of sketch) (so	square feet or acre	Terrace
	*Outdoor ar *SKETCH C	ea dimensions o OF OUTDOOR A ea, how will prer s v snow f	of area to be cove IREA (or attach of IREA	(not street IN FEET	square feet or acre	
	*Outdoor ar *SKETCH C	ea dimensions o OF OUTDOOR A ea, how will prer s v snow f	of area to be cove IREA (or attach of mises be enclosed	(not street IN FEET	square feet or acre	Terrace
	*Outdoor ar *SKETCH C	ea dimensions o	of area to be cove IREA (or attach of mises be enclosed ence	(not street IN FEET	square feet or acre	Terrace
	*Outdoor ar *SKETCH C	ea dimensions o	of area to be cove IREA (or attach of IREA	(not street IN FEET	square feet or acre	Terrace
	*Outdoor ar *SKETCH C	ea dimensions o	of area to be cove IREA (or attach of mises be enclosed ence	(not street IN FEET	square feet or acre	Terrace
	*Outdoor ar *SKETCH C	ea dimensions of OF OUTDOOR A	if area to be cove IREA (or attach of mises be enclosed fence characters)	(not street IN FEET	square feet or acre	Terrace tent
	*Outdoor ar *SKETCH Control If outdoor ar if ence other: How many ar If over 150 ar alcohol bever	ea dimensions o FOUTDOOR A ea, how will pren snow f ttendees do you ttendees. Indicat	if area to be cove IREA (or attach of Inises be enclosed ence cha	(not stred IN FEET	square feet or acre	tent
	*Outdoor ar *SKETCH Control If outdoor ar if ence other: How many ar If over 150 ar alcohol bever	ea dimensions of PF OUTDOOR And PER PARTIES AND STATE OF THE PER PARTIES A	if area to be cove IREA (or attach of Inises be enclosed ence cha	(not stred IN FEET	square feet or acre	Terrace tent
	*Outdoor ar *SKETCH Control If outdoor ar if ence other: How many ar If over 150 ar alcohol bever	ea dimensions of PF OUTDOOR And PER PARTIES AND STATE OF THE PER PARTIES A	if area to be cove IREA (or attach of Inises be enclosed ence cha	(not stred IN FEET	square feet or acre	Terrace tent
	*Outdoor ar *SKETCH Control If outdoor ar if ence other: How many ar If over 150 ar alcohol bever	ea dimensions of PF OUTDOOR And PER PARTIES AND STATE OF THE PER PARTIES A	if area to be cove IREA (or attach of Inises be enclosed ence cha	(not stred IN FEET	square feet or acre	Terrace tent

11.	Non-Profit: Where will you be purchasing your alcohol Non-Profit: Where will you be purchasing you Wholesaler Retailer Cincludes wineries)	rrom a wholesaler? Ir alcohol? Both BYO	
12.	Will there be any games of chance operating If so, describe activity:	during the event? Y	ES NO
	NOTE: Only games of chance approved by the Departr forms of gambling are prohibited by State Law: There a funds for a charity. This is only an application for a Spegambling permit application.	re no exceptions for Non	Profit Organizations or any events raising
13.	Any other information or requests for exempti event, complete NLCC form 140): 53/168/169	ons (must be receiv	ed by Commission 30 days prior to
14.	Name and telephone number/cell phone number location of the event when it occurs, able to enforcement before and during the event, and laws, ordinances, rules and regulations are acceptable.	to answer any questi I who will be respons	ons from Commission and/or law
	Print name of Event Supervisor: Thomas E. Lorenz Signature of Event Supervisor:	M Horny	THINT LEGIBLY
	Event Supervisor phone: Before 402-904-4444		During 402-416-5227
	Email address: tlorenz@smglincoln.com		
15.	Consent of Authorized Representative/Applica I declare that I am the authorized representative statements made on this application are true to an investigation of my background including all	ve of the above named the best of my kno	wledge and belief. I also consent to
	to waive any rights or causes of action against State Patrol or any other individual releasing s Nebraska State Patrol. I further declare that th person, group, organization or corporation for supervised by persons directly responsible to t	the Nebraska Liquo aid information to the e license applied for profit or not for profit	r Control Commission, the Nebraska e Liquor Control Commission or the will not be used by any other and that the event will be
sign here	Som to me	General Manager	7/28/2014
nere	Authorized Representative Applicant	Title	Date
	Thomas E. Lorenz		
	Print Name		
This inc	lividual must be listed on the application as an officer	or stockholder unless	a letter has been filed appointing an
ındıvidu	al as the catering manager allowing them to sign all	SDL applications.	

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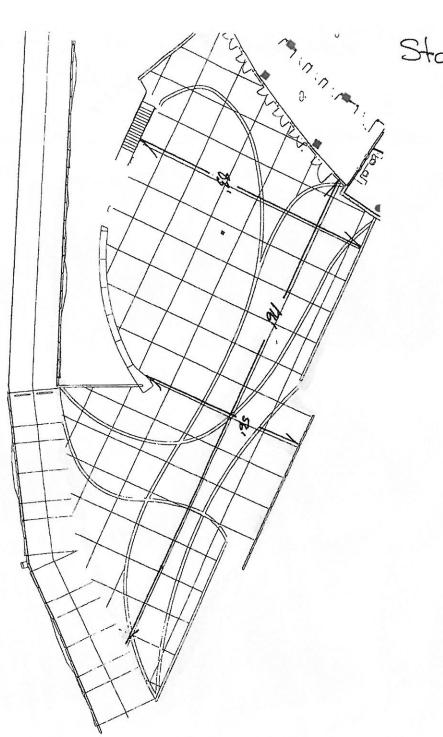
SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event:	Nebraska Footba	II Tailgate Part	y			
Applicant and Sp	onsoring Organizati	on or Individual (if applicat	ole): Pinnacle	e Bank Aren	a
Date(s) of Event			Hours:	1:00 pm to		
Alternate Date(s)	: N/A		Hours:			
Is the event open to		Yes [□No	verages contai	ning alcohol:	Trained Pinnacle Ba
Arena employees will check						
Will food be served?	Yes	□No If ye	s, please	list food to be s	served: Popcom	n, Pretzels, Nachos
Will non-alcoholic be If yes, please list no				No fucts and botile water		
Who will serve the be Must comple	everages containing ete Server/Seller A	alcohol? Trained	Pinnacle Bank			
Have the designated	servers received re	sponsible bevera	ige servei	r training?	Yes	No
Vill there be a charge	e for admission?	Yes	1	No		
n the last 12 months, ou were the special o	have you received designated licensee	notice of a liquor	law viola	tion that occun lo If so, ex	red during an e plain:	event at which
	<u> </u>					
Somotore	no			7/28/2014		
pplicant's Signature				Date		

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary. 1. Number of Entry & Exit Points & Dimensions: (
Note: Two (2) exit points must be indicated on your drawing. These exits <u>cannot</u> lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.
Please see attached map



Stadium Terrace

SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the NAME and DATE OF BIRTH of ALL Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
City Clerk's office has a list of employees	on file		
	HAM AND SOL		

JULY 30, 2014

SMG FOOD & BEVERAGE LLC DBA PINNACLE BANK ARENA 400 PINNACLE BANK DR LINCOLN NE 68508

NOTICE OF HEARING ON LIQUOR APPLICATION

APPLICANT OR DESIGNATED REPRESENTATIVE IS REQUIRED TO ATTEND THIS HEARING.

Notice is hereby given that the City Council of the City of Lincoln, Nebraska, will hold a hearing in the Council Chambers in the County-City Building of said City, 555 S. 10th St., on MONDAY, AUGUST 18, 2014 AT 3:00 P.M., for the following application of:

SMG FOOD & BEVERAGE LLC DBA PINNACLE BANK ARENA FOR OUTDOOR SDLS AT 400 PINNACLE ARENA DR ON AUG. 29TH, SEPT. 5TH, SEPT. 19TH & 20TH, SEPT. 26TH, OCT. 24TH & OCT. 31ST ALL FROM 1P - 12A

*Please note: Even if you have had this event in the past, you are still required to attend this meeting.

At said time and place, the City Council will receive competent evidence under oath, either orally or by affidavit, from any person bearing upon the propriety of the issuance of said license as provided by law. Council requires that the applicant or designated representative attend the meeting to answer any possible questions.

SANDY L. DUBAS DEPUTY CITY CLERK

APPLICATION FOR SPECIAL	
DESIGNATED LICENSE	
CITY OF LINCOLN CITY OF FRIEND OF	

CITY O 555 S 1 LINCOL	TED LICENSE OTH ST LN NE 68508 E: (402) 441-7438	OFFICE				
RETA	IL LICENSE HOLDE		NEED POSTER	S?	YES [NO.
NON		heck one that best applies) Al Fine Arts Fraternal]Charitable	Public Servi	се
COMF	PLETE ALL QUESTION	ONS				
1.	Beer√Wine ✓ Dis	stilled Spirits 🗸				
2.	Liquor license numb (If you're a nonprofit	er and class (i.e. C55441, (organization leave blank)	CK55441)	CK104	580	
3.	Licensee name (last your liquor license)	, first,), corporate name or	limited liability co	ompany (LL	C) name (As it	reads on
	NAME:	SMG FOOD & BEVE	RAGE LLC			
	ADDRESS:	300 CONSHOHOCKE	EN STATE R	OAD, SUI	ITE 450	***************************************
	CITY:	WEST CONSHOHOCH	KEN, PA	ZIP:	19428	
.	Location where even	t will be held; name, addres	A second	zip code		
	ADDRESS:	 		CITY:	LINCOLN	
	ZIP:	68508	COUNTY & C		LANCASTE	R
	a. Is this location v	within the city/village limits?			YES.	NO[]
	b. Is this location v for aged/indiger	within the 150' of church, so nt or for veterans and/or wiv	hool, hospital or es?	r home	YES	NO.
	c. Is this location v	vithin 300' of any university	or college camp	ous	YES	NO

Date(s) an					
ept 26 2014	Date	Date	Date	Date	Date
Friday	Hours				_
urs	From	Hours	Hours	Hours	Hours
m		From	From	From	From
	То		1,0111	10111	From
		То	То	То	
М			10	10	То
a. Alte	rnate date:	N/A			
b. Alte	rnate location:	N/A			
		-	e specified in loca	l approval)	
Indicate typ Dance Other:	e of activity to be Reception	pe carried on during Fund Raiser		eer Garden	_Sampling/Tastir
Description Inside buildi	of area to be lic ng, dimensions	censed of area to be cov		X	
Inside buildi *Outdoor are	ng, dimensions ea dimensions (of area to be cove	(not	X square feet or acre 176 X 83 × 56 Stadium cample sketch)	,
*Outdoor are *SKETCH O	ng, dimensions a dimensions F OUTDOOR a, how will pre	of area to be cove AREA (or attach	(not ered IN FEETcopy of sketch) (s	176 y 83 × 56 Stadium	,
*Outdoor are *SKETCH O	ea, how will pre	of area to be coveraged area t	(not ered IN FEET	176 <u>x</u> 83 × 56 Stadiun	п Тептаса
*Outdoor are *SKETCH O	ea, how will pre snow tendees do you	of area to be coverage of area to be enclosed fence of the coverage of a cover	(not ered IN FEETcopy of sketch) (seed in sketch) (seed? ain link	ample sketch)	tent
*Outdoor are *SKETCH O	ea, how will pre a, how will pre a, how will pre tendees do you tendees. Indica	of area to be coverage of area to be enclosed fence of the coverage of a cover	(not ered IN FEETcopy of sketch) (seed in sketch) (seed? ain link	ample sketch)	tent

	Non-Profit: Where will you be purchasing you wholesaler Retailer (includes wineries)	ur alcohol? Both BYO	
12.	Will there be any games of chance operating If so, describe activity:	during the event? YES	NOV
	NOTE: Only games of chance approved by the Depart forms of gambling are prohibited by State Law: There a funds for a charity. This is only an application for a Spegambling permit application.	are no exceptions for Non Profit Or	manizations or any events raising
13.	Any other information or requests for exempt event, complete NLCC form 140): 53/168/169	ions (must be received by C	Commission 30 days prior to
14.	Name and telephone number/cell phone not the location of the event when it occurs, able enforcement before and during the event, and laws, ordinances, rules and regulations are a	to answer any questions fro d who will be responsible for	m Commission and/or law ensuring that any applicable
	Print name of Event Supervisor: Thomas E. Lorenz		
	Signature of Event Supervisor:	Nous	
	Event Supervisor phone: Before 402-904-444	4 During	402-416-5227
	Email address: tlorenz@smglincoln.com		
15.	Consent of Authorized Representative/Applicated I declare that I am the authorized representation statements made on this application are true an investigation of my background including a to waive any rights or causes of action against State Patrol or any other individual releasing state Patrol. I further declare that the	ve of the above named licer to the best of my knowledge II records of every kind inclut the Nebraska Liquor Contract information to the Liquor license applied for will not	and belief. I also consent to ding police records. I agree ol Commission, the Nebraska r Control Commission or the to be used by any other
	person, group, organization or corporation for supervised by persons directly responsible to	profit or not for profit and the	at the event will be
sign here	Lan Horas va	General Manager	7/28/2014
	Authorized Representative/Applicant	Title	Date
	Thomas E. Lorenz		
	Print Name		

Individual as the catering manager allowing them to sign all SDL applications.

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SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

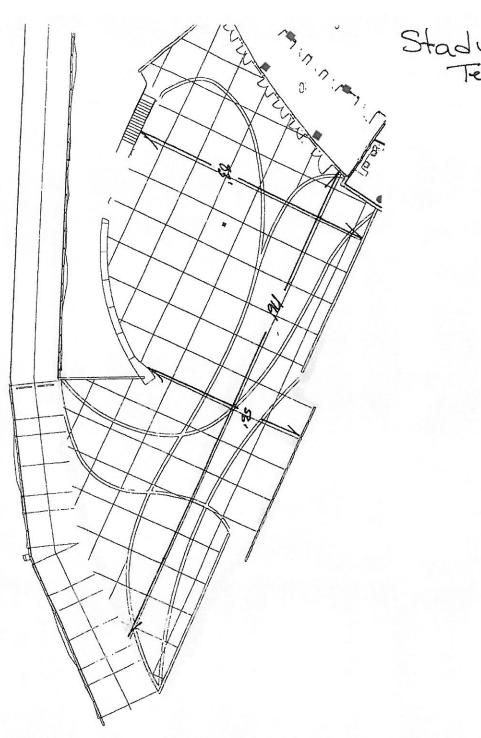
(Including those for Non Profit Organizations)

Name of Event:	Nebraska Foo	tball Tailgate Pa	rtv			
Applicant and Sp		zation or Individual		ole): Pinnacl	e Bank Arena	9
Date(s) of Even			Hours:	1:00 pm to		
Alternate Date(s): N/A		Hours:			
Is the event open t	o the public?	✓ Yes	□No			
How will you ensur	e that minors will	not be served or c	onsume be	verages conta	ining alcohol:	Trained Pinnacle Bank
Arena employees will chec						
Will food be served Will non-alcoholic bild yes, please list no	peverages be ser	ved: √Yes	s 🗆	No sucts and bottle water	served: Popcom	ı, Pretzels, Nachos
Who will serve the b	peverages contain	ning alcohol? Train	ed Pinnacle Bank	c employees		
Have the designated	d servers received	d responsible beve	rage serve	r training?	✓Yes	No
Will there be a charg	ge for admission?	Yes	✓ 1	No		
n the last 12 months ou were the special	s, have you receiv designated licen	ved notice of a liquisee? Yes	or law viola ✓\	tion that occur lo If so, ex	red during an explain:	event at which
1						
AMXO	ME			7/28/2014		
pplicant's Signature				Date		

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provid	e as much detail as possible to ensure your
application is not returned to you for more information.	Attach additional drawings, dimensions if
necessary.	3 -,

neces	
1.	Number of Entry & Exit Points & Dimensions: ('x')
2.	Size & location of tent(s) (heights, width, depth)
3.	Size of area being used (176 x 83 x 56)
4.	Location & type of cooking equipment (if used)
5.	Location of tables & chairs: If stage for hand provided & dense area about a significant
٥.	Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
C	Unight 9 type of familian to be seed to
6.	Height & type of fencing to be used.
patre	Two (2) exit points must be indicated on your drawing. These exits cannot lead ons into the building. Questions relating to entry/exit points; electrical wiring; tent can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.
	Please see attached map
	보이트 경기를 맞는 경기를 가려면 하는 기를 잃었다. 그렇게 하는 그렇게 하지만 하는 그를 다 먹는 것이다.
	프로마스 경험 경험을 보고 있는 이 경험에 가장 생활하고 그리고 있는데 그리고 있다.
	그 얼마나면 가게 되는 것이 얼마나 그는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다.
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Stadium Terrace

SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the NAME and DATE OF BIRTH of ALL Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
City Clouds office have list for the			
City Clerk's office has a list of employees	on file		

ADDI	ICATION FOR CREAK		Oct - 3	24, 8	2014		4
CITY C 555 S 1 LINCOL	ICATION FOR SPECIAL GNATED LICENSE OF LINCOLN CITY CLERK'S COTH ST LN NE 68508 E: (402) 441-7438						
RETA	AL LICENSE HOLDER		NEED POSTERS?	,	res 🗌	NO	
NON	PROFIT APPLICANT Non Profit Status (ch Municipal Politica	neck one that best applies)	: Religious Chai	ritable [Public Ser	vice	
COMP	PLETE ALL QUESTIO	DNS					
1.	Beer ✓ Wine ✓ Dis	tilled Spirits 🗸					
2.	Liquor license numbe (If you're a nonprofit	er and class (i.e. C55441, (organization leave blank)	CK55441)	(104	580		
3.	Licensee name (last, your liquor license)	first,), corporate name or I	imited liability compa	ny (LL	C) name (As	it reads on	
	NAME:	SMG FOOD & BEVE	RAGE LLC				
	ADDRESS:	300 CONSHOHOCKE	EN STATE ROAD), SUI	TE 450		
	CITY:	WEST CONSHOHOCK	KEN, PA	ZIP:	19428		
4.		t will be held; name, addres		ode			
	BUILDING NAME:	PINNACLE BANK A	RENA				
	ADDRESS:	400 PINNACLE ARENA DR		CITY:	LINCOLN		
	ZIP:	68508	COUNTY & COUN	TY #:	LANCASTI	ER	
	a. Is this location v	vithin the city/village limits?			YES✓	NO	
	b. Is this location w for aged/indigen	vithin the 150' of church, so It or for veterans and/or wiv	thool, hospital or hom res?	ie	YES	NO√	
	c. Is this location w	rithin 300' of any university	or college campus		YES.	NO✓	

ate	-242014	Date	Date	Date	Date	Date
		Hours	•	-		
rom	sFriday	From	Hours From	Hours From	Hours From	Hours From
PM		То		_		
O 2AM			То	То	Го	То
	a. Alter	rnate date:	N/A			
	b. Alter	nate location:	N/A			
				specified in loca	l approval)	
	Description	of area to be li	censed			
	*Outdoor are	ea dimensions	of area to be cove of area to be cove AREA (or attach o	(not	square feet or acre	
	*Outdoor are *SKETCH O	ea dimensions F OUTDOOR	of area to be cove AREA (or attach o	(not red IN FEET	square feet or acre	
	*Outdoor are *SKETCH O	ea dimensions FOUTDOOR ea, how will pre	of area to be cove AREA (or attach o	(not	square feet or acre	п Теттасе
	*Outdoor are *SKETCH O If outdoor are	ea dimensions FOUTDOOR ea, how will pre snow tendees do yo	of area to be cove AREA (or attach of attach	(not red IN FEET	square feet or acre	tent
	*Outdoor are *SKETCH O If outdoor are	ea dimensions FOUTDOOR ea, how will pre snow tendees do yo tendees. Indicages. (Attach	of area to be cove AREA (or attach of attach	(not red IN FEET	square feet or acre	tent

11.	Retailer: Will you be purchasing your alcohol f Non-Profit: Where will you be purchasing your	alcohol?	
	Wholesaler Retailer Be (includes wineries)	oth BYC	
12.	Will there be any games of chance operating of lf so, describe activity:		YES NO Z
	NOTE: Only games of chance approved by the Departmeter forms of gambling are prohibited by State Law: There are funds for a charity. This is only an application for a Speci gambling permit application.	e no exceptions for N	on Profit Organizations or any events raising
13.	Any other information or requests for exemptio event, complete NLCC form 140): 53/168/169	ns (must be rece	eived by Commission 30 days prior to
14.	Name and telephone number/cell phone number the location of the event when it occurs, able to enforcement before and during the event, and	answer any que	stions from Commission and/or law
	laws, ordinances, rules and regulations are adh	nered to. PLEASE	E PRINT LEGIBLY
	Print name of Event Supervisor: Thomas E. Lorenz	$$ β $-$	
	Signature of Event Supervisor:	HOWE	
	Event Supervisor phone: Before 402-904-4444		During 402-416-5227
	Email address: tlorenz@smglincoin.com	***	
	Consent of Authorized Representative/Applican	nt	
15.	I declare that I am the authorized representative statements made on this application are true to	e of the above na	med license applicant and that the
	an investigation of my background including all	records of every	kind including police records. Lagred
	to waive any rights or causes of action against t	the Nebraska Liqu	Jor Control Commission, the Nebras
	State Patrol or any other individual releasing sa	id information to t	the Liquor Control Commission or the
	Nebraska State Patrol. I further declare that the	license applied for	or will not be used by any other
	person, group, organization or corporation for p supervised by persons directly responsible to the	e holder of this S	ifit and that the event will be pecial Designated License.
sign here	Join Horanz	General Manager	7/28/2014
	Authorized Representative/Applicant	Title	Date
	Thomas E. Lorenz		
	Print Name		
his inc	dividual must be listed on the application as an officer of	or stockholder unle:	ss a letter has been filed appointing an
ndividu	al as the catering manager allowing them to sign all Si	DL applications.	and appointing an

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

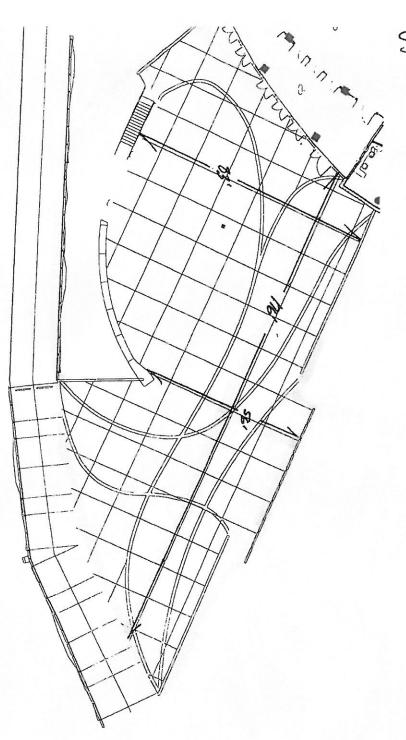
(Including those for Non Profit Organizations)

Name of Event: Ne	braska Football Ta	ailgate Party					
			E-allering	1	Di	D . I . A	
Applicant and Spons	oning Organization o	i individual (if				Bank Are	na
Date(s) of Event:			Hours:	1:00) pm to 1	2:am	
Alternate Date(s):	N/A		Hours:				
Is the event open to the	e public?	Yes [□No				
How will you ensure that	at minors will not be	served or con	sume bev	verag	es contain	ing alcohol:	Trained Pinnacle B
Arena employees will check ID's	and wristband						
							orn, Pretzels, Nacho
Will non-alcoholic beve If yes, please list non-a		✓ Yes be served:		No ucts and	d bottle water		
Who will serve the beve Must complete	rages containing alc Server/Seller Applic	ohol? Trained F	Pinnacle Bank	employ	rees		
Have the designated ser	vers received respon	nsible beveraç	ge server	train	ing?	✓Yes	□No
Will there be a charge fo	or admission?	Yes	V	10			
n the last 12 months, ha ou were the special des	ve you received noti ignated licensee?	ce of a liquor Yes	law viola ☑N	tion th Io	nat occurre If so, exp	ed during ar lain:	n event at whic
1							
pu trev	13				7/28/2014		
oplicant's Signature					Date		

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

2. Siz	mber of Entry & Exit Points & Dimensions: (
4. Loc	ation & type of cooking equipment (if used)
ara	ation of tables & chairs; If stage for band provided & dance area, show location & dimensions on wing.
	ght & type of fencing to be used.
patrons	o (2) exit points must be indicated on your drawing. These exits cannot lead into the building. Questions relating to entry/exit points; electrical wiring; tent be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.
	Please see attached map
	ATTACH EXTRA PAGES IF NECESSARY



Stadium Terrace

SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the NAME and DATE OF BIRTH of ALL Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
City Clerk's office has a list of employees	on file		

			Oct. 31,	2014 2
DESIGNATION OF THE PROPERTY OF	ICATION FOR SPECIAL GNATED LICENSE OF LINCOLN CITY CLERK'S CO 10™ ST LN NE 68508 E: (402) 441-7438			
RETA	NL LICENSE HOLDE	And the second s	NEED POSTERS?	YES NO
NON		neck one that best applies): I Fine Arts Fraternal		Public Service
COMF	PLETE ALL QUESTIC	ons		
1.	Beer ✓ Wine ✓ Dis	tilled Spirits 🗸		
2.	Liquor license number (If you're a nonprofit	er and class (i.e. C55441 , C organization leave blank)	CK55441) CK104	580
3.	Licensee name (last, your liquor license)	first,), corporate name or l	imited liability company (LL	C) name (As it reads on
	NAME:	SMG FOOD & BEVER	RAGE LLC	The second secon
	ADDRESS:	300 CONSHOHOCKE	N STATE ROAD, SU	ITE 450
	CITY:	WEST CONSHOHOCK	KEN, PA ZIP:	19428
	Location where even	t will be held; name, addres	s, city, county, zip code	
	BUILDING NAME:	PINNACLE BANK A	RENA	
	ADDRESS:	400 PINNACLE ARENA DR	CITY:	LINCOLN
	ZIP:	68508	COUNTY & COUNTY #:	LANCASTER
	a. Is this location v	vithin the city/village limits?		YES√ NO
	b. Is this location v	vithin the 150' of church, so	hool, hospital or home es?	YES NO ✓

Is this location within 300' of any university or college campus

NO.

YES.

+3[2	JAIL	Date	Date	Date	Date	Date
',		Hours	•	-		
urs (TT)	day	From	Hours	Hours	Hours	Hours
m			From	From	From	From
1		То		170	10111	10111
			То	То	То	То
М						
		1				
a.	Alte	rnate date:	N/A			
b.	Alte	rnate location:	N/A			
~.				specified in loca	approval)	
					. app. o.a.,	
India	cate typ	e of activity to	be <u>ca</u> rried on durir	na event:		
	ance		Fund Raiser		er Garden	Sampling/Tasti
Othe	er:	TAILGATE				
Des	cription	of area to be li	censed			
Incir					v	
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IIISIC	de buildi	ng, dimensions	s of area to be cov		equare foot or on	eroal .
IIISIC	de buildi	ng, dimensions	s of area to be cov		square feet or ac	eres)
				(not		
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*Out * SK I	door ar E TCH C	ea dimensions OF OUTDOOR	of area to be cove AREA (or attach	(not	176 X 83 × 56 Stad	
*Out * SKI	door ar E TCH C	ea dimensions PF OUTDOOR ea, ho <u>w w</u> ill pre	of area to be cove AREA (or attach of emises be enclose	(not ered IN FEET	176 X 83 × 56 Stad	flum Terrace
*Out * SKI If out	door an	ea dimensions PF OUTDOOR ea, ho <u>w w</u> ill pre	of area to be cove AREA (or attach of emises be enclose	(not	176 X 83 × 56 Stad	
*Out * SKI	door an	ea dimensions PF OUTDOOR ea, ho <u>w w</u> ill pre	of area to be cove AREA (or attach of emises be enclose	(not ered IN FEET	176 X 83 × 56 Stad	flum Terrace
*Out * SKI If out	door an	ea dimensions PF OUTDOOR ea, ho <u>w w</u> ill pre	of area to be cove AREA (or attach of emises be enclose	(not ered IN FEET	176 X 83 × 56 Stad	flum Terrace
*Out *SKI	door are	ea dimensions OF OUTDOOR ea, how will pre	of area to be cove	(not ered IN FEET	176 X 83 × 56 Stad	flum Terrace
*Out *SKI If out	door are	ea dimensions OF OUTDOOR ea, how will pre	of area to be cove AREA (or attach of emises be enclose	(not ered IN FEET	176 X 83 × 56 Stad	flum Terrace
*Out *SKI	door are	ea dimensions OF OUTDOOR ea, how will pre	of area to be cove	(not ered IN FEET	176 X 83 × 56 Stad	flum Terrace
*Out *SKI If out	door are	ea dimensions OF OUTDOOR ea, how will pre	of area to be cove	(not ered IN FEET	176 X 83 × 56 Stad	flum Terrace
*Out *SKI If out other	door aredoor a	ea dimensions F OUTDOOR ea, how will provide show	emises be enclose	(not ered IN FEET	ample sketch)	tent
*Out *SKI If out other How	door and door and door and fence many a	ea dimensions OF OUTDOOR ea, how will pro e snow ttendees do you	emises be enclose fence checked the expect at event?	(not ered IN FEET	ample sketch)	tent
*Out *SKI If out other How	door and door are door are many a er 150 a ol beve	ea dimensions OF OUTDOOR ea, how will pre snow ttendees do you ttendees. Indicages. (Attach	emises be enclosed fence cate the steps that separate sheet if r	(not ered IN FEET	ample sketch)	tent
*Out *SKI If out other How	door and door are door are many a er 150 a ol beve	ea dimensions OF OUTDOOR ea, how will pro e snow ttendees do you	emises be enclosed fence cate the steps that separate sheet if r	(not ered IN FEET	ample sketch)	tent
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*Out *SKI If out other How	door and door are door are many a er 150 a ol beve	ea dimensions OF OUTDOOR ea, how will pre snow ttendees do you ttendees. Indicages. (Attach	emises be enclosed fence cate the steps that separate sheet if r	(not ered IN FEET	ample sketch)	tent

	Non-Profit: Where will you be purchasing your alcohol Non-Profit: Where will you be purchasing you Wholesaler Retailer E (includes wineries)			
12.	Will there be any games of chance operating If so, describe activity:	during the event?	YES NO V	
	NOTE: Only games of chance approved by the Departr forms of gambling are prohibited by State Law: There a funds for a charity. This is only an application for a Spegambling permit application.	re no exceptions for No	n Profit Organizations of	r any events raising
13.	Any other information or requests for exempti event, complete NLCC form 140): 53/168/169	ons (must be recei	ved by Commission	1 30 days prior to
14.	Name and telephone number/cell phone nu the location of the event when it occurs, able the enforcement before and during the event, and laws, ordinances, rules and regulations are acceptable.	to answer any ques I who will be respor	tions from Commis	sion and/or law
	Print name of Event Supervisor: Thomas E. Lorenz	-6		Here was a second of the secon
	Signature of Event Supervisor:	XOCOM?	5	
	Event Supervisor phone: Before 402-904-4444		During 402-416-5227	
	Email address: tlorenz@smglincoln.com			
	Consent of Authorized Representative/Applica	nt		
15.	I declare that I am the authorized representative statements made on this application are true to an investigation of my background including all to waive any rights or causes of action against State Patrol or any other individual releasing s Nebraska State Patrol. I further declare that the person, group, organization or corporation for supervised by persons directly responsible to the state of the state of the supervised by persons directly responsible to the state of the supervised by persons directly responsible to the state of the supervised by persons directly responsible to the state of the supervised by persons directly responsible to the supervised by the sup	ve of the above nare the best of my known the best of my known the life of every known the Nebraska Liquald information to the license applied for profit or not for prof	owledge and belief, ind including police or Control Commissine Liquor Control Cor will not be used biff and that the even	I also consent to records. I agree sion, the Nebraska ommission or the y any other at will be
sign here	Jan Sorons	General Manager		7/28/2014
Here	Authorized Representative/Applicant	Title	-	Date
	Thomas E. Lorenz			
	Print Name			
This inc	lividual must be listed on the application as an officer	or stockholder unles	s a letter has been file	ed appointing an
individu	al as the catering manager allowing them to sign all	SDL applications.		

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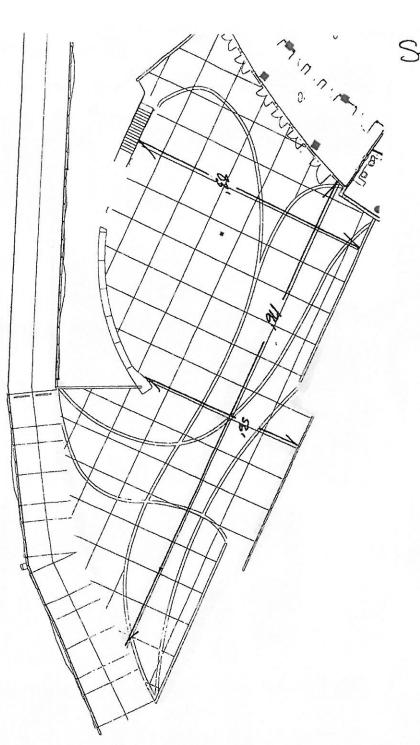
SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event: N	ebraska Footba	Il Tailgate Part	У			
Applicant and Spor	nsoring Organizati	on or Individual (if applicat	ole): Pinnacle	Bank Aren:	a
Date(s) of Event:		and the second s	Hours:	1:00 pm to		
Alternate Date(s):	N/A		Hours:	, , , , , , , , , , , , , , , , , , ,		
Is the event open to the How will you ensure the		✓ Yes be served or co	□No	verages contai	ning alcohol:	Trained Pinnacle Ban
Arena employees will check II						
Will food be served?	√Yes	□No If ye	s, please	list food to be s	erved: Popcom	ı, Pretzels, Nachos
If yes, please list non-		alcohol? Trained	I Pinnacle Banl	k employees		
Have the designated so	ervers received re	sponsible bevera	age servei	r training?	✓Yes	□No
Vill there be a charge for admission?		Yes	✓ 1	No		
n the last 12 months, hou were the special de	nave you received esignated licensee	notice of a liquo ? Yes	r law viola ✓N	tion that occurr lo If so, ex	red during an e plain:	event at which
onligant's Cignatura				7/28/2014		
oplicant's Signature				Date		

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

application is not returned to you for more information. Attach additional drawings, dimensions if
necessary. 1. Number of Entry & Exit Points & Dimensions: (
2. Size & location of tent(s) (heights, width, depth)
 Size of area being used (176 x 83 x 56) Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on
drawing. 6. Height & type of fencing to be used.
Note: Two (2) exit points must be indicated on your drawing. These exits <u>cannot</u> lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.
이 경우 등에 하는 사람들은 사람들이 되었다.
Please see attached map
나 가게 말하다. 그 아버지는 걸었다는 그 그 그렇게 생활했다면 다. 그는 하는 것이 모네
2011 C. M. 1980 C. M. 1911 B. S. M. S. M.



Stadium Terrace

SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the NAME and DATE OF BIRTH of ALL Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
City Clerk's office has a list of employees	on file		